

Buena Vista

DISCLOSURE SUMMARY PAGE

FOR STATE AND COUNTY STATUTORY COMMITTEES
AND OTHER PARTISAN COMMITTEES

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Shari O'Bannon Recorder

Mam. Weiland

712-284-1514

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

1-14-2010

DATE SIGNED

FORM DR-2P PARTISAN	DISCLOSURE REPORT
For office use only	
Comm. #	_____
Indexed	_____
Audited	_____
Checked	_____
Computer	_____

CAUTION: Penalties Due For Late Filed Reports Range From \$10 to \$400

REPORTING DATES - Inclusive

Report Due

Covering Period

☐ May 20

Jan. 1-May 15

☐ July 20

May 16-July 15

☐ Oct. 20

July 16-Oct. 15

☐ Jan. 20

Oct. 16-Dec. 31

☐ Check if Amendment to report dated _____☐ Check if this is final report with Notice of Dissolution (form DR-3) attachedNON-ELECTION YEAR
REPORTING DATES - Inclusive
for
State Political Parties and
County Central Committees Only

Report Due

Covering Period

☐ October 20

January 1 - October 15

☐ January 20

October 16 - December 31

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STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed)

\$ -0-

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

115.00

Schedule C: Fundraising Events total (Attach Schedule C)

Schedule F: Loans Received total (Attach Schedule F)

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

SUB TOTAL

\$ 115.00

Schedule B: Expenditures total (Attach Schedule B)

112.84

Schedule F: Loan Repayments total (Attach Schedule F)

112.84

CASH ON HAND at the end of this reporting period (If final report, balance must be zero) (Attach DR-3)

\$ 2.16

UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Shari O'Bannon Recorder

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED
10-27-2010	ID# CK#	Shari O'Bannon 1116 North Seneca Storm Lake, Iowa 50588	self	\$ 20.00
11-4-2010	ID# CK#	Shari O'Bannon 1116 North Seneca Storm Lake, Iowa 50588	self	10.00
11-26-2010	ID# CK#	Shari O'Bannon 1116 North Seneca Storm Lake, Iowa 50588	self	60.00
12-23-2010	ID# CK#	Shari O'Bannon 1116 North Seneca Storm Lake, Iowa 50588	self	25.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 115.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 02/96)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sheri O. Bannan
Buena Vista County Central Committee Recorder

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
11-8-2010	ID# CK# 101	Storm Lake Pilot & Tribune 527 Cayuga Street Storm Lake, Iowa 50588	ad in paper ()	\$ 28.52
11-26-2010	ID# CK# 102	Storm Lake Times 220 West Railroad Box 487 Storm Lake, Iowa 50588	ad in paper ()	\$59.52
12-23-2010	ID# CK# 103	Storm Lake Times 220 West Railroad Box 487 Storm Lake, Iowa 50588	ad in paper ()	24.80
	ID# CK#		()	
	ID# CK#		()	
	ID# CK#		()	
	ID# CK#		()	
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 112.84

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Campaign funds may be used only for:

- (1) campaign purposes,
- (2) constituency expenses, and
- (3) educational and other expenses associated with duties of office.

Please insert the applicable number in the purpose column for each expenditure.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(f).)